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STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

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Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. CONNORS FOR SENATE RQAD ADDRESS (number and street) (Check if address is changed) 1,1,8|-COMMITTEE'S E-MAIL ADDRESS (Check if address IMC,o,n,n,o,r,s,@,C,h,i,c,a,g,o,B,o,o,t,h,.,e,d,u,,,,,, is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2015 DATE FEC IDENTIFICATION NUMBER > IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Michael G. Connors Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Use Federal Election Commission (Revised 06/2012) Toll Free 800-424-9530 Only

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